

are being treated for diabetes, hypertension, and a variety of illnesses relating to arthritis. They have a monthly income of \$1,600 a month. They are spending more than \$400 of it on prescription medicine—25 percent of their monthly income for an older couple 83 and 79 in our home State of Oregon just for prescription medicine.

From Silverton, OR, a senior sent me a copy of all of her prescription drugs for 1 year. She spent more than \$1,000. Her annual income that year was \$868 a month. She is spending more than 10 percent of her income on prescription drugs.

From Astoria, OR, a couple on a modest income wrote that for the first 10 months of 1999 they spent over \$5,000 on their prescription drug costs.

What Senator SNOWE and I have said is that we have an opportunity to deal with this on a bipartisan basis. We can steer clear of price controls and one-size-fits-all Federal policy. We can use a model that we know works. It is based on the Federal Employee Health Plan, one that serves all of us and our families here in the Senate.

Our bill is called the SPICE Program, the Senior Prescription Insurance Coverage Equity Act.

Our legislation now is the only bipartisan prescription drug bill now before the Senate.

Frankly, I am very confident in the bipartisan team I see assembled from the Finance Committee with Chairman ROTH and Senator MOYNIHAN.

I would like to see as a result of seniors sending in to all the Senators—as this poster says, “Send in your prescription drug bills”—I would like to see the Senate Finance Committee have the opportunity under Chairman ROTH and Senator MOYNIHAN to devise a good bipartisan proposal in this area.

Senator SNOWE and I have an approach that we think works. More than 54 Members in the Senate have voted for the funding mechanism we have proposed. We have a majority in the Senate already on record supporting the funding approach that we would take.

Frankly, when Chairman ROTH and Senator MOYNIHAN sit down, they may well have better ideas for dealing with it. It is not as if Senator SNOWE and I are saying we have the last word in terms of dealing with this issue. What we are saying is given the severity of the problem, given the stakes and the chance to do some real good with anticoagulant drugs where \$1,000 a year worth of help can save \$100,000 in terms of the cost of a stroke, let's go forward, and let's not let this issue become fodder for the 2000 election.

I am going to wrap up because the chairman and Senator MOYNIHAN are here. They want to talk about this important trade bill, which I also happen to support.

But I hope seniors will keep sending me copies of these bills. Just as the

poster says, “Send your prescription drug bills” to your Senator. Senator SNOWE and I are collecting these.

We are going to talk again and again on the floor of the Senate about the importance of this issue.

I think we can do this with market forces. We can use an approach that gives senior citizens the kind of bargaining power that a health maintenance organization has.

What is so sad about this is these vulnerable older people, such as the ones I have described in these letters, are getting hit twice.

First, Medicare doesn't cover their prescriptions. When the program began in 1965, it didn't cover the cost of prescriptions. So there is no coverage either under Part A or Part B of Medicare for most of the Nation's seniors.

Second, the seniors end up subsidizing the big business. Big buyers can get discounts.

So you have big buyers, health plans, and a variety of big purchasers using their marketplace clout in order to get a good price, and the senior citizen in Silverton or Pendleton, the Presiding Officer's hometown, who walks in and buys their prescription off the street ends up subsidizing those big buyers. That is not right.

Senator SNOWE and I are going to continue to try as a result of our conversation with colleagues to catalyze a bipartisan effort to address this issue.

I think the question of adding prescription drugs to Medicare would be a real legacy for this session of the Senate.

I think about all of the accomplishments of Senator MOYNIHAN in this health care field over the years, what he has done in terms of graduate medical education, and what he has done in research is extraordinary. I would like to see as part of the great legacy that he leaves for his career in the Senate action on this bipartisan issue before he retires at the conclusion of this session of Congress.

Mr. President, I will be back on the floor—I know Senator SNOWE intends to as well—talking about this issue. We hope seniors send us a copy of their prescription drug bills. We are going to address this issue in a bipartisan way. I will be back on the floor soon to talk about this issue and bring other real, live, concrete cases to the Senate in hopes, as the Presiding Officer of the Senate and I have done at home in Oregon, we can work on this in a bipartisan kind of way.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mr. MOYNIHAN. Mr. President, I rise once more to thank our dear colleague, the Senator from Oregon, for his remarks and his typically self-effacing mode. He said we may not have the last word. Indeed, we may not. But we have the first word. We have to do this to-

gether; that is, both sides of the aisle. We can. He and the Senator from Maine have the votes. But we need a vehicle.

His most important point is that medication is now making that great move from treatment of disease to prevention. That is always the great advance in health for everyone. The single most important health measures that we have done in the last century have been to clean up our water supplies so that we don't get ill. These drugs do the same.

He is right. I am with him.

I yield the floor, sir.

The PRESIDING OFFICER. The Senator from Delaware.

UNANIMOUS-CONSENT AGREEMENT—H.R. 434

Mr. ROTH. Mr. President, I ask unanimous consent that the Senate turn to the consideration of H.R. 434 at 10:30 a.m. on Wednesday, notwithstanding rule XXII, and the yeas and nays be vitiated on the motion to proceed.

The PRESIDING OFFICER. Is there objection?

Mr. MOYNIHAN. There is no objection.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ROTH. In light of this agreement, there will be no further votes this evening.

MORNING BUSINESS

Mr. ROTH. Mr. President, I ask unanimous consent that there now be a period for the transaction of routine morning business with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from New York.

IN HONOR OF SENATOR JOHN CHAFEE

Mr. MOYNIHAN. Mr. President, as have so many of our colleagues today, I rise to speak in memory of and in praise of John Chafee. He was my dearest friend for nigh onto a quarter century.

We came to the Senate together in 1977. As it happens, we were both appointed to the same committees. As we all know, the life of a Senator very much depends on the committees he or she is appointed to and the amount of time that they remain on those committees.

We were appointed to the Committee on Finance with its enormous range of jurisdiction, and to the Committee on Environment and Public Works. Only recently at that point had the “environment” come up and made its way onto the title of what had previously